Quantity Purchase Agreement With The State Of Indiana

Vendor Remit to: KFORCE INC PO BOX 277997

ATLANTA GA 30384 7997

Qty Purchase Agreement QPA Number 00000000000000000000000000

Page 1 of 1

Requisition Nbr.: ASA4-4-64 **Effective Date: Expiration Date:**

05/15/2004

Agency Number:

05/14/2005

Facility:

Vendor Federal ID:

ALL STATE AGENCIES 593264661

Name Of Contact Pers: VIRGIL PALUMBO

Vendor Telephone Nbr: 412-278-2862

FAX Number:

317-585-4007-

Name and Address

1

KFORCE INC Critct: VIRGIL PALUMBO

of Vendor 7321 SHADELAND STATION

SUITE 275

INDIANAPOLIS IN 46256

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity

UNIT

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for NURSING SERVICES.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

For contract pricing and instructions access www.in.gov/idoa/proc and the following:

1. Click on Quantity Purchase Agreements

2. Click on All QPAs

0.00 HUR00000000100009798 Nursing Services/KForce Healthcare

0.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document: HUR Hour

Signature of Purchasing Officer

CAROLYN AWISHES Signature Of Approval

State Attorney General

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+OR

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Date Signed 100 4 Indiana Department Of Administration

Procurement Division

402 West Washington Street, Rm W468

Indianapolis, Indiana 46204 Telephone: (317) 232-3053

Typed Name TEVE CARTER

Date Signed

Pricing for Crawfordsville District

Position	1 st Shift rate per hour	2 nd Shift rate per hour	3 rd Shift rate per hour	Overtime rate per hour	Holiday rate per hour
Dental Assistant	\$25.25	\$25.25	\$25.25	\$37.87	\$37.87
Radiologic Technician	\$29.00	\$29.00	\$29.00	\$43.50	\$43.50
LPN	\$32.85	\$32.85	\$32.85	\$49.28	\$49.28
RN	\$41.25	\$41.25	\$41.25	\$61.87	\$61.87
Nurse Practitioner	\$56.50	\$56.50	\$56.50	\$84.75	\$84.75
Charge Nurse	\$43.25	\$43.25	\$43.25	\$64.87	\$64.87

Pricing for Fort Wayne, Greenfield, Seymour, LaPorte and Vincennes Districts

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Position	1 st Shift rate	2 nd Shift rate	3 rd Shift rate	Overtime rate	Holiday rate	
	per hour	per hour	per hour	per hour	per hour	
Dental Assistant	\$25.50	\$25.50	\$25.50	\$37.87	\$37.87	
Radiologic Technician	\$29.00	\$29.00	\$29.00	\$43.50	\$43.50	
LPN	\$32.85	\$32.85	\$32.85	\$49.28	\$49.28	
RN	\$41.25	\$41.25	\$41.25	\$61.87	\$61.87	
Nurse Practitioner	\$56.50	\$56.50	\$56.50	\$84.75	\$84.75	
Charge Nurse	\$43.25	\$43.25	\$43.25	\$64.87	\$64.87	

All Inclusive Pricing - No all inclusive rate offered